

"FEE ADDRESS" INDICATION FORM

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:

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Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,307,099	10/539,451

(check one)

Applicant/Inventor

*/B. J. Sadoff/**Signature*

Attorney or Agent of record 36,663
(Reg. No.)

*B. J. Sadoff**Typed or printed name*

Assignee of record of the entire interest. See 37
C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b)
is enclosed. (Form PTO/SB/96)

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Assignment recorded at Reel _____ Frame _____

May 13, 2008*Date*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
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